

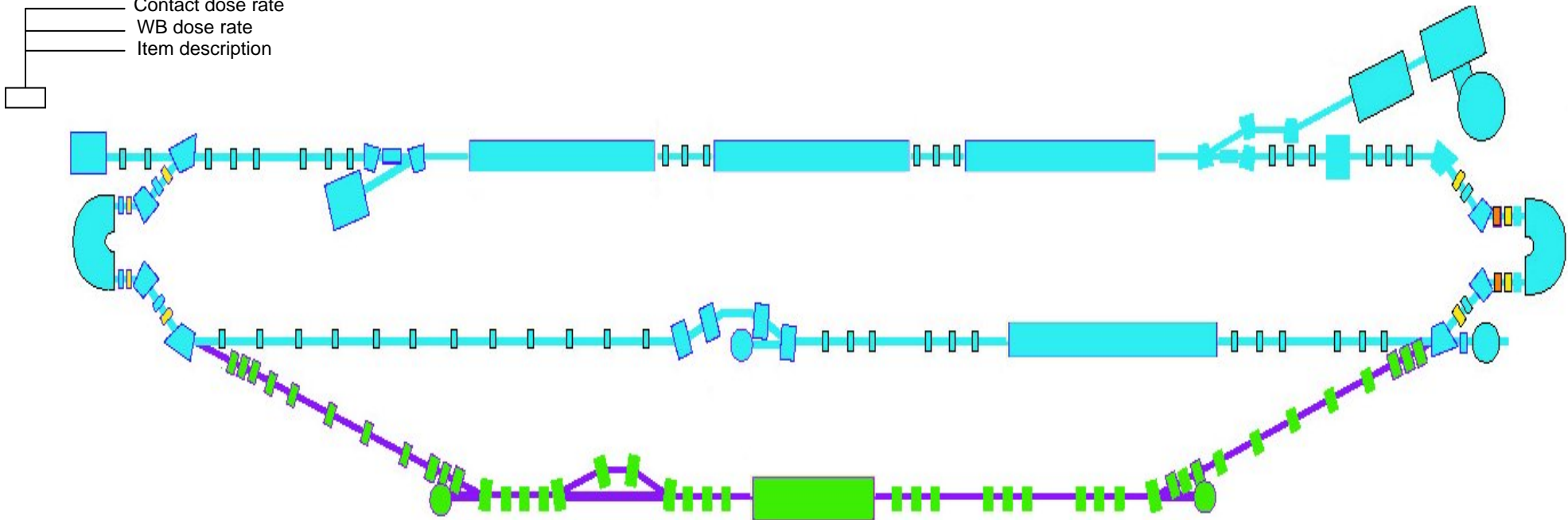
HPF-SUR-001 Page 1 of 2 Rev: 1 3/25/05	RADIATION CONTROL GROUP RADIOLOGICAL SURVEY FORM	Page ____ of ____
AREA (map reference if applicable) FEL	Accelerator Operating Conditions	Instrument: _____ Serial #: _____ Cal. Due: _____
Reason for survey:		

**Legend**

All readings are in mR/h whole body unless noted  
 ----- denotes posting boundary

# denotes smear location  
 (see continuation sheet)

☐ Contact dose rate  
☐ WB dose rate  
☐ Item description



Highest area posting and whole body dose rate		
RCA	Radiation	High Radiation
For Beam Enclosure Entry Surveys		
Full survey, all areas posted -----	<input type="checkbox"/>	
Partial survey with continuous surveillance --	<input type="checkbox"/>	
Partial survey with exclusion zones posted --	<input type="checkbox"/>	
Comments:		

Performed by:	Date/Time:	Crew Chief Review:	RCG Review:
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